



***South Carolina Chapter***  
**American Academy of Pediatrics**

### **MOC Part 4 Credit for South Carolina AAP Chapter Members**

**are offered through a partnership between the South Carolina AAP Chapter and the SC Department of Health and Human Services with the QTIP Program**

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Note: Credits will be issued/overseen by the SC AAP

Revised: August, 2013, January 2015, July 2015, June 2016, March 2018, July 2019, March 2020.

## Organizational and Reporting Structure

QTIP is a partnership between the South Carolina Department of Health and Human Services (SC DHHS) and the South Carolina Chapter of the American Academy of Pediatrics (SC AAP). Initially funded in 2010 as a state CHIPRA QI grant, most funding today is provided by SC DHHS with academic oversight for the program from SC AAP. QTIP has always been broad-based in its approach, with efforts focused on the entire breadth of pediatrics from chronic to acute to preventive care.

Accountability for the program is provided through reports back to SC DHHS and to the Executive Committee of the SC AAP. These reports are coordinated by Medical Director, Ramkumar Jayagopalan and project director, Lynn Martin. The Annual Meeting and the CATCH meeting of the SC AAP are used as venues to provide skill training and content training.

**AAP QI Oversight Committee:** As of July 1, 2019, the oversight committee for QTIP consists of, Francis Rushton M.D.), Debbie Greenhouse M.D. Martha Edwards M.D. Ramkumar Jayagopalan M.D. (QTIP), Michael Foxworth, M.D., Kristina Gustafson M.D., and Jeff Faust, M.D, Kevin Wessinger, M.D. and Lynn Martin, QTIP Director, also sits on the QI Oversight Committee. Program standards are developed by the committee and distributed at our learning collaboratives, technical assistance visits, and by request. Data documenting satisfactory improvement is entered in the project logs and supervised by the Project Manager. Non QTIP sites participate through private consultation with Kerry Sease M.D. (The Bradshaw Institute and USC Department of Pediatrics, Greenville) and Ramkumar Jayagopalan M.D.

Initially 24 CHIPRA Core measures were the primary definers of our QI work. We continue to work the Children's Core Set of these measures with MOC part 4 opportunities focused on ADHD, Well-child visit completion rates, Developmental Screening, Access, Family Centered Care, Oral Health and ED usage. Because of a lack of interest, we are dropping our MOC option for work on family centered care. In addition, we are charged with taking a specific look at behavioral health services within the pediatric medical home and medical home certification. We are now addressing Bright Futures content of well child visit and the socio-environmental determinants of health.

Our process is as follows: 1. Begin with a core measure (CMS or SCDHHS), Medical Home component, or behavioral measure, 2. Develop measurable standards, 3. Teach PDSA cycle format., 4. Provide academic content through learning collaborative twice a year meetings, 5. Augment conversation among practices through Blog, 6. Record progress through PDSA cycle log in blog, QIDA data log, or other log as approved. 7. Provide MD technical assistance at practice level, 8. Monthly support phone calls, 9. Extra visits focused on QI training and behavioral health as needed. Each participating practice is given significant flexibility as to which QTIP components they work on.

### **How the organization monitors quality improvement efforts and how the results will be used.**

Our primary data entity is the Quality Improvement Data Aggregator (QIDA) at the American Academy of Pediatrics. Data is entered monthly by all participating practices in audits linked with the data aggregator. We supplement this information with specific site compilations and Medicaid administrative data. Innovation and QI improvements are assessed in addition with technical assistance visits, a learning collaborative blog (with on-going QI conversation and logs to record all PDSA cycles performed at the practice level and QI meetings. At present, oversight evaluation is provided by SC DHHS and the SC Chapter of the AAP. Our blog in addition to its usefulness as a learning collaborative tool is designed to be an historical record of the program as it develops.

### **Documenting physician participation/ adjudicating disputes for MOC in QI efforts.**

Each of our participating pediatric practices has a lead clinician. They are given an outline of project and determine which physicians at their site are eligible for certification. Lead clinicians and physicians at other sites are certified by the QTIP medical director or his/her designee. All receiving credit complete an ABP attestation form.

### **Instructions from the American Board of Pediatrics**

The ABP approves QI projects for MOC that are established, structured, and sustainable; have demonstrated improvements in care; and are based on accepted improvement science and methodology. Participating in an ABP-approved quality improvement project allows you to improve care for your patients, develop additional skills and knowledge, and earn credit for maintaining your certificate on the basis of your day-to-day work. If you are participating in any of the recognized project modules, here's how you earn MOC credit for Performance in Practice:

1. Fulfill the meaningful participation requirements described below.
2. Complete the ABP Physician Participation Attestation form.
3. Send your attestation to your project's designated leader, who will co-sign it.
  - a) The project leader notifies the ABP that you fulfilled the meaningful participation requirements and that your attestation is complete.
  - b) The ABP updates your record showing that you earned credit for the Part 4 MOC.

### **Participation in Quality Improvement Projects**

For a pediatrician to earn MOC credit by working on an approved QI project, the ABP requires "meaningful participation". Meaningful participation involves both an active role in the project and participation over an appropriate period.

#### **Active Role**

For MOC purposes, an "active role" means the pediatrician must:

- Provide direct or consultative care to patients as part of the QI project.
- Implement the project's interventions (the changes designed to improve care).
- Collect, submit and review data in keeping with the project's measurement plan.
- Collaborate actively by attending at least four project meetings.

### **MOC Activity Completion**

When a practitioner has fulfilled the requirements for meaningful participation (i.e. met the project's requirements for length of participation plus the "active role" criteria), you have "completed" the activity for purposes of MOC credit (MOC activity completion). Note that your MOC activity completion date must be within the period that spans your current certificate period or MOC cycle. For example, if you hold a seven-year certificate, the completion date must be during the seven-year certificate period. If you are enrolled in a five-year MOC cycle, the completion date must be during the five-year MOC cycle.

**Registration and documentation of Participation for Part IV MOC Credit:** In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP attestation statement and be certified as having participated in the activity. The

lead clinician is responsible for letting the SC Project Leader know of all individuals receiving credit. Non QTIP physicians must contact a member of the oversight committee to participate or Kerry Sease.

### **Maintenance of Certification Credit for Design and Implementation of QI Projects**

In some cases, pediatricians play a major role in designing and leading the implementation of QI projects but do not actually care for patients through the project. You may be eligible to receive credit for design and leadership work on an MOC-approved project. Contact Ramkumar Jayagopalan at [ramkumarjayagopalan@gmail.com](mailto:ramkumarjayagopalan@gmail.com) or Kerry Sease, MD at [Kerry.Sease@prismahealth.org](mailto:Kerry.Sease@prismahealth.org) for more information.

### **Documentation of Participation**

After you fulfill all participation requirements, submit the ABP's Physician Participation Attestation form describing your involvement in the quality improvement project. Your attestation must also be co-signed by the physician project leader of the quality improvement project. The physician project leader will subsequently forward notice of completion to the ABP, and you will receive credit for your participation.

### **Finding and Submitting Your Attestation Form Part 4 Established QI Projects**

NOTE: An attestation form only needs to be submitted if you have completed an established QI Project for which you are applying to receive MOC credit. This does NOT pertain to any Web-based Part 4 activities.

#### **Step 1: Logging in To Your Portfolio**

- Go to the ABP web site at <https://www.abp.org/>
- In the upper right corner of the home page, click on LOG IN
- A drop down box will appear, you will then enter your user name and password and click LOG IN

#### **Step 2: Locate the Attestation Form**

- Click on My Part 4 Activities under Maintenance of Certification
- Click on Attestation forms
- Enter South Carolina in the Search Box
- Click View for the Topic that you have worked on and want credit for
- Click Attestation form
- Fill the Attestation form

#### **Step 3: Submit the Attestation Form to the Sponsoring Organization**

- Answer all questions on the Attestation Form
- Sign and date as the participant physician
- Submit the attestation form to your QI Project's Local Leader or the QI Project Leader (depending upon how your project is organized) for signature. In South Carolina the local leader is the chief clinician on the QTIP team. For non-QTIP pediatricians it will be a member of the oversight committee for QTIP

- The Project Leader will send the completed attestation form directly to the designated contact for the sponsoring organization to enter the credit into our system
- Once the credit has been entered you will immediately receive an automated email stating you have received credit and to log in to your ABP Portfolio to view how the credit was applied

April 9, 2012, reviewed July 2015, reviewed 2016, revised Feb. 2018, reviewed 2020.

## **Access to the Pediatric Primary Care Office**

Part 4 American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on access to care in the pediatric office. Participating in this QI project allows practitioners to improve patient's timely access to services, promote patient satisfaction, develop office skills and knowledge, improve the medical home capabilities of their practices and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team to select three or more of the following intervention to base their QI work on:

- a. Audit of Open Access by measuring the number of same day appointments available at the beginning of the day for 5 straight days.
- b. Audit of Clinical Call Response Time for telephone queries for 1 week with a stated standard for the office for the response time.
- c. Audit of charts to ensure that telephone advice is recorded both during and after office hours.
- d. Audit of chart to ensure that a personal clinician is recorded and audit to measure percentage of visits in which patient sees their personal clinician
- e. Development and documentation of improved transfer of referrals/ information in the pediatric record between the office and other agencies such as Baby Net, Head Start, First Steps and Family Connection on mutual clients/patients in a HIPPA observant fashion

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 04/04/2011 End date: 03/31/2023 The Access to Care QI project is one component of a statewide pediatric outpatient quality improvement partnership

Revised April 3, 2012, reviewed Jan. 2015, July 2015, June 2016, Feb 2018, March 2020.

## **ADHD follow-up care for Children Prescribed Medicine**

Part 4 American Board of Pediatrics MOC Credit offered for participating SC AAP members

This QTIP sponsored project is focused on the Children's Health Care Quality Measures or Child Core Set dealing with the diagnosis and follow-up of children begun on stimulant medication. Participating pediatricians will be required to work with their practice-based quality improvement team. Practitioners will perform and measure skills associated with the use of a standardized instrument for diagnosis of ADHD, the use of national recommendations for follow-up visits and the incorporation of safety, efficacy and cost effectiveness knowledge into prescribing habits. Practitioners can earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team to improve ADHD care. QI teams should select one or more of the following interventions to base their QI work on new patients prescribed stimulants between 6 and 18 years of age:

- a. Audit of completed follow-up visits performed within 30 days of beginning a new stimulant,
- b. Audit if a Vanderbilt or similar standardized instrument used
- c. Audit if any medications were prescribed

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 02/01/2011 End date: 03/31/2023

The ADHD QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.

Reviewed Jan 2015 and July 2015, June 2016, Feb. 2018, March 2020.

## **Adolescent Health and Sexuality Issues in Pediatric Primary Care**

Part 4 American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on adolescent sexuality counseling and treatment in the pediatric office. Our aim is to show significant increases in adolescent services and provide more complete care for adolescents. Participating in this QI project allows practitioners to promote preventive care services, to refine skills and routines, promote patient satisfaction and earn ABP Part 4 MOC Credits upon completion

Participating practitioners will be required to work with their practice-based QI team to improve adolescent well care and sexual health visits. QI teams should select one or more of the following interventions to base their QI work on

- a. Audit patient population for HPV, TDAP, Meningococcal or Varicella immunization rates.
- b. Audit of charts to ensure that advice regarding teen health and sexuality issues is discussed.
- c. Audit of charts to ascertain if adolescents are screened for exposure to chlamydia and GC.
- d. Audit of charts to ascertain if adolescents are screened for exposure to HIV
- e. Audit of charts of patients with risky sexual behavior (M4M, multiple partners) receive quarterly screening as per Red Book recommendations
- f. Audit of charts to ascertain if a confidentiality discussion was held with the patient.
- g. Audit of charts of patients diagnosed as pregnant to ascertain whether OB or GYN care was begun within the first trimester.
- h. Audit of charts for behavioral health screens and referrals
- i. Audit of adolescent well child visits to ascertain percentage of visits completed
- j. Audit of chart for other adolescent well child issues.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 06/30/2013 End date: 06/30/2022 The Adolescent Health and Sexuality Obesity QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.



Revised April 3, 2012, January 2015, July 2015, May 2016, June 2016, Feb 2018, March 2020.

## **Asthma in the Primary Care Office**

Part 4 American Board of Pediatrics MOC Credit offered for participating SC AAP members

This QTIP sponsored performance improvement project focuses on effective management of pediatric asthma. Our aim is to achieve a significant reduction in Asthma ED visits and hospitalizations in South Carolina. Participating in this QI project allows practitioners to promote preventive care services, to refine skills and routines, promote patient satisfaction and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team to improve asthma care. QI teams should select one or more of the following interventions to base their QI work on:

- a. Audit charts to determine percentage of asthmatics on a controller
- b. Audit charts to determine percentage of asthmatics seen in the past 6 months for reassessment
- c. Audit charts to assess completion of written asthma action plans for home and school
- d. Audit charts for screening of tobacco exposure and cessation counseling.
- e. Audit of pre-scheduled follow-up visit
- f. Audit of charts for assessment of asthma triggers and education
- g. Audit of charts for Emergency Department (ED) visits and hospitalizations in past year
- h. Audit of charts for documentation of measurement of functional control with spirometry or another functional status check.
- i. Audit of charts for rescue medication and oral corticosteroid use since previous visit
- j. Audit of charts for validated patient questionnaire (e.g., Asthma Control Test™ [ACT] reviewing previous month's level of control or similar questionnaire
- k. Audit of charts for use of read out and read book used to provide anticipatory guidance

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Release Date: 03/01/2012  
03/31/2023

Expiration date:

**Source:** 2007 Expert Panel Report 3 (EPR3): Guidelines for the diagnosis and management of asthma. <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm> and additional review of primary literature.

The Asthma QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS. Topic renewed through March 31, 2022.

April 14, 2012, reviewed Jan. 2015, revised July 2015, revised June 2016, Feb. 2018, March 2020.

## **Behavioral Health Services to Children in the Primary Care Office**

This QTIP sponsored QI project focuses on integration of behavioral health services in the primary care pediatric office and supports the activities of SCDHHS in improving mental health service delivery. This QI project encourages practitioners to improve patient care, develop additional skills and knowledge, accomplish timely interventions and/or referrals for children with mental/behavioral health challenges. Practitioners earn ABP MOC Part 4 Credit upon completion.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) to measure and assess improvement in skills associated with one or more practice quality criteria. QI teams should select one or more of the following interventions to base their QI work on:

- a. Completion of the AAP's Mental Health Practice Readiness Inventory with the QTIP Mental Health staff and development of a plan to address weak areas in the practice. Participating practices may substitute repeat measurement of their mental health readiness using the Inventory in lieu of chart audits.
- b. Documentation of expanded mental health screenings, substance use, and/or social determinant of health screening using one or more screens. Guidance for approved screening tools can be found in the SCDHHS Medicaid Provider Manual.
- c. Documentation of service provision, further evaluation, or referral for children who screen "at risk". This could include a referral for family or parent to parent community support.
- d. Documentation of a closed referral loop between the external referral and the pediatric medical home to assist with management of the child in the pediatric medical home.
- e. Audit of all patients in a practice discharged from a mental health facility for evidence of appropriate follow up in the pediatric medical home including an initial visit within 30 days of discharge.
- f. Documentation of use of a Reach out and Read age appropriate book for anticipatory guidance about feelings and emotional regulation.
- g. Documentation of consistent provision of educational materials to parents about emotional health and emotional/developmental milestones during well-child visits.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.



For more information on QTIP behavioral health interventions contact Kristine Hobbs at [Hobbs@scdhhs.gov](mailto:Hobbs@scdhhs.gov) or 803-898-2719. The Behavioral Health QI project is one component of a statewide pediatric outpatient quality improvement partnership.

Start date: 04/04/2011 End date: 03/31/2023

Revised March 2020.

## **Breastfeeding and its Impact on Children**

Part 4 American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on effective management of breastfeeding and its relationship to child health. It supports SC AAP activities focused on inter office intervention to improve breastfeeding. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will work with their practice-based QI and select one or more of the following interventions to base their QI work on:

- a. Audits of charts for breastfeeding rates at birth
- b. Audits of charts for breastfeeding rates at 6 or 9 months of age
- c. Audit of charts for documentation of breastfeeding advice given to the mother
- d. Audit of charts for visits a to lactation consultant
- e. Audits of charts for documentation of referral to lactation consultant
- f. Audit of charts for mothers given a breastfeeding plan
- g. Audit of charts for documentation of the use of a reach out and read book to provide anticipatory guidance.
- h. Other interventions at the practice level designed to promote breastfeeding.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 03/01/2019 End date: 03/31/2023 The breastfeeding QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.

April 9, 2012, revised January 2015, July 2015, May 2016, Feb. 2018, March 2020.

## **Developmental Screening in the Primary Care Office**

Part 4 American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on developmental screening in the preschool period as recommended by the American Academy of Pediatrics and measures for developmental screening. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, accomplish timely interventions and referrals for children with potential developmental delay and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will work with their practice based QI team and should choose one or more of the following interventions to base their QI work on:

- a. Audit of charts for use of a validated developmental screening tool used at appropriate well visits between birth through 3 years of age at the time of a well-child visit
- b. Audit of charts for the use of a screen for autism such as the MCHAT at the time of well child visits between 15 months and 3 years of age.
- c. Audit of charts for documentation of service provision, further evaluation or referral for those children who screen as “at risk”
- d. Audit of charts for screening for maternal depression and or psychosocial risk and or substance abuse and or domestic violence during the newborn period.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 04/04/2011 End date: 03/31/2023 The Developmental Screening QI project is one component of a statewide pediatric outpatient quality improvement partnership

April 9, 2012, revised Jan. 2015, reviewed July 2015, June 2016, Feb. 2018, March 2020.

## **ED Usage by Pediatric Medical Home Patients**

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on Emergency Department (ED) Utilization by patients in pediatric medical homes. Our goal is to reduce inappropriate visits to the ED. Participating in this QI project allows practitioners to diminish inappropriate ED usage, provide cost efficient care, promote patient satisfaction, improve the medical home capabilities of their practices and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team and to choose one or more of the following interventions to base their QI work on:

- a. Audit of number of ER visits from a patient panel or subset of that panel.
- b. Audit of appropriateness of ER visits using practice developed criteria.
- c. Audit of charts to monitor adequacy of office nurse advice line both during and after office hours, with an audit of response time and whether advice was documented in the chart.
- d. Open Access determination in offices: by measuring the number of same day appointments available at the beginning of the day for 5 straight days.
- e. Evaluation and measurement of adherence to office walk in policy,
- f. Improved case management including monitoring turnaround time for labs.
- g. Extended hours and measurement of impact on ED use
- h. Promote anticipatory guidance concerning appropriate ER utilization.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. For interventions where auditing an entire patient panel, or subset of a patient panel is more useful than a 10 chart audit, and aggregate report should replace a 10 chart audit.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 04/04/2011 End date: 03/31/2023 The Emergency Department Utilization QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.

November 24, 2012, revised January 2015, revised July 2015, June 2016, Feb. 2018, April 2020

## **Obesity (Prevention and Treatment) in the Pediatric Primary Care Office**

Part IV American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on obesity efforts in the pediatric office. It supports improvements related to the measurement of BMI in the pediatric primary care record and counseling to reverse or prevent obesity. Participating in this QI project allows practitioners to improve documentation of BMI and BMI percentiles in their patient records, to document the inclusion of obesity in the patient's problem list when appropriate, and to document appropriate advice for children related to breast feeding, childhood activity, nutrition, media exposure and motivational interviewing focused on obesity issues. Participants can earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team to use one or more of the following interventions to base their QI work:

- a. Audit of charts for BMI and BMI percentiles recorded in the patient chart.
- b. Audit of charts for documentation of obesity in the problem list in the patient chart for those with a BMI greater than the 85<sup>th</sup> and or 95<sup>th</sup> percentile.
- c. Audit of chart to ensure that advice regarding nutrition is recorded in the patients record
- d. Audit of chart for evidence of advice regarding media exposure, physical activity or for those patients with BMIs greater than the 95<sup>th</sup> percentile
- e. Audit documentation of use of motivational interviewing for patient with a BMI over the 85<sup>th</sup> percentile
- f. Audit of charts for laboratory evaluation of those determined to be obese
- g. Audit of percent of patients in office who are overweight or obese over time
- h. Audit of charts for use of a reach out and read book for provision of anticipatory guidance of nutrition and physical activity.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. For interventions where auditing an entire patient panel, or subset of a patient panel is more useful than a 10 chart audit, and aggregate report should replace a 10 chart audit.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 06/30/2012 End date: 06/30/2022 The Obesity QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS



April 9, 2012, revised Jan. 2015, reviewed July 2015, June 2016, Feb. 2018, March 2020.

## **Oral Health Issues in the Primary Care Office**

Part 4 American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on effective management of oral health issues. The project encourages the delivery of fluoride varnish in pediatric medical homes and improvements in oral health anticipatory guidance. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, and earn ABP Part IV MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team and chose one or more of the following interventions to base their QI work on:

- a. Audit charts for documentation of an oral health home or referral to such in practice well child visit notes.
- b. Audit charts for documentation of an Oral Exam at each well child visit
- c. Audit charts for risk assessment documented for each child at the time of the well child visit to include: a. Presence of Medicaid insurance, family oral health status, prematurity and special health care need.
- d. Audit of charts for provision of fluoride varnish more often than every 6 months between ages 6 months and 21years of age in children in the pediatrician's office, or for high risk children older than 6.
- e. Audit of charts for documentation of anticipatory guidance around oral health issues including exposure to fluoride in the diet.
- f. Audit of charts for documentation of using the Reach out and Read book to provide oral health anticipatory guidance to children at the 9, 12 or 15 month well check.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. For interventions where auditing an entire patient panel, or subset of a patient panel is more useful than a 10 chart audit, and aggregate report should replace a 10 chart audit.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 04/04/2011 End date: 03/31/2023 The Oral Health QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SCDHEC and SC DHHS.

Approved March 2020

## **Smoke Exposure and its Impact on Children**

Part 4 American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on effective management of smoke exposure and its relationship to child health. It supports SC AAP CEASE activities focused on inter office intervention to diminish smoke in the environment. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team and chose one or more of the following intervention to base their QI work on:

- a. Audits of charts to determine if smoke exposure was documented
- b. Audits of adolescent charts to see if primary source of smoke exposure was addressed
- c. Audit of charts to determine if a risk assessment was documented for each child at the time of the well child visit to include presence of smokers in the child's life.
- d. Audit of charts for documentation of anticipatory guidance around smoke exposure and health issues
- e. Audit of charts for documentation of discussions of third-hand smoke in the chart
- f. Audit of charts for documentation of discussion of smoke free homes and cars.
- g. Audit of charts for documentation of referral or therapy for family members wanting to quit to Quitline or other source of cessation counseling
- h. Audit of charts for use of a Reach Out and Read book used to help provide anticipatory guidance regarding smoke exposure

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. For interventions where auditing an entire patient panel, or subset of a patient panel is more useful than a 10 chart audit, and aggregate report should replace a 10 chart audit.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 04/01/2018 End date: 03/31/2023 The Smoke Exposure QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, National AAP, SC DHEC and SC DHHS.

April 9, 2012, revised Jan. 2015, reviewed July 2015, June 2016, Revised Feb.2018, Revised June 2020

## **Well Child Visits in the Pediatric Primary Care Office**

Part 4 American Board of Pediatrics MOC Credit offered for SC AAP members

This QTIP sponsored QI project focuses on preventive care in the pediatric office. It supports improvements in the 3 HEDIS measures dealing with well child visit completion. Participating in this QI project allows practitioners to promote preventive care services, to refine skills and routines, promote patient satisfaction and earn ABP Part 4 MOC Credits upon completion

Participating practitioners will be required to work with their practice-based QI team to improve well child visits. QI teams should select one or more of the following interventions to base their QI work on:

- a. Audit of completion rate of first 6 well child visits in the first 15 months of life.
- b. Audit of completion rate of well child visits at 3, 4, 5 and 6 years of age.
- c. Audit of completion rate of adolescent well child visits.
- d. Develop and audit the use of reminder recall systems,
- e. Develop and audit the use of tracking systems to determine those who need well child visits,
- f. Encourage and measure whether sick visits were converted to well child visits when time permits, and a patient is behind
- g. Audit two or more components of Bright Futures to ensure that Bright Futures is included in the content of well child care
- h. Audit of two or more immunization completion rates (including Hepatitis B in the nursery)
- i. Audit use of reach out and read books to account for completion of auxiliary action during well visits.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. \*\*
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

\*\* For some interventions, use of the entire patient population may be more appropriate than 10 chart audits.

Start date: 04/04/2011 End date: 03/31/2023

Entered June 1, 2020

## COVID-19 Pandemic Response in the Pediatric Office

This QTIP sponsored QI project focuses on how pediatric offices rapidly responded to changing needs of their patients during Covid-19 pandemic. Participating in this QI project will give practitioners a systematic look at how their offices had to change to meet new demands and how they handled the quick response.

Participating practitioners will be required to work with their practice-based QI team to assess their pandemic response in the pediatric office. QI teams should select one or more of the following topic areas to base their improvement work on:

- A. Changes in practice flow\*
  - a. Assess changes in major office functions such as scheduling of patient visits, scheduling staff, exam room change over, check in/out, etc.
- B. Mental health
  - a. Audit of screening completions
  - b. Audit of referral process
  - c. Audit of in office interventions
- C. Telehealth/ virtual care
  - a. Audit of types of visits done via telehealth
  - b. Audit no show rate of telehealth appointments
  - c. Document improvement cycles done in the setting up of telehealth
- D. Procuring PPE
  - a. Document steps taken in procuring PPE for practice during pandemic
- E. Community Health
  - a. Document any activities done by practice or providers in providing community education, guidance as it relates to pandemic response.

For each of the chosen topic areas the following four steps should be taken:

1. QI teams should develop an AIM statement (when applicable) detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. \*
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Participate in a minimum of 3 contacts with the office QI team and make suggestions for post pandemic alterations to practice policies.

\* for assessing changes in practice flow, process maps should be substituted for chart audits. For each process that was changed due to covid-19 (i.e., parking lot triage) a process map should be created outlining the process pre-pandemic, during, and how the practice would like the process to flow post pandemic.

Start date: 06/01/2020 End date: 03/31/2023 COVID-19 Pandemic Response in the Pediatric Office project is one component of a statewide pediatric outpatient quality improvement partnership.

## Addressing Youth Suicide Prevention in the Pediatric Primary Care Office

This QTIP sponsored QI project focuses on addressing youth suicide prevention in the pediatric office. Participating in this QI project allows practitioners to improve their skills in screening for suicide risk using a valid screening tool, managing a positive screen, counseling about lethal means, and /or providing ongoing care and follow-up.

Participating practitioners will be required to work with their practice-based QI team to address youth suicide prevention in the pediatric office. QI teams should select one or more of the following interventions to base their improvement work on:

- a. Audit of charts for use of screening for suicide risk using a validated screening tool.
- b. Audit that a screening tool was scored, and results were documented.
- c. Audit time taken in screening for suicide, scoring and documenting results.
- d. Audit of patient charts with positive screen for documented level of risk and appropriate intervention.
- e. Audit patient chart to determine if intervention matched risk assessment.
- f. Audit of patient chart to determine if counseling about access to lethal means occurred.
- g. Audit of patient chart to determine if counseling about the importance of restricting access to lethal means occurred.
- h. Audit of patient chart to determine if safety plan was made if appropriate
- i. Audit of patient chart to determine if appropriate outpatient/crisis referrals were made.
- j. Audit of patient chart to determine if 'caring contact' phone call was made to follow up with the child and/or caregiver.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve by and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For physicians involved in a QTIP practice, the data supporting completion of the project must be entered in the QTIP Blog. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

The document, [Addressing Youth Suicide Prevention: A Factsheet for Primary Care Clinicians](#), is the reference document for this MOC Part 4 Credit.

[https://downloads.aap.org/AAP/PDF/suicide\\_factsheet.pdf](https://downloads.aap.org/AAP/PDF/suicide_factsheet.pdf)

Start date: 04/04/2020 End date: 03/31/2023 The Addressing Youth Suicide Prevention in the Pediatric Primary Care Office project is one component of a statewide pediatric outpatient quality improvement partnership

